



Agape Manor Home

Child Placing Agency

Foster Care Service Billing

To
 Agape Manor Home CPA
 633 W. Centerville RD, #318
 Garland, TX 75041

From
 Foster Parent Name:
 Address:
 Tel:

Billing Period, From: _____ **To:** _____

Name of Youth Last, First	DOB	Date of Placement	Discharge Date	Days this Billing Period	LOC	Daily Rate	Amount Due

Billing must be submitted by the 1st and 16th of each month and the re- imbursements will be made by 10th and 25th respectively. Placement day is included but the discharge day is excluded for billing.

 Foster Parent(s) Signature Date

Date received: _____
 Approved By: _____
 Date: _____

Total \$ _____